

Public Health Institute Options
Final Report November 8, 2004

OPTIONS	MISSION	STRUCTURE	POSSIBLE FUNDING	RATIONALE	PROS	CONS	OTHER ISSUES
1. Do not create a new organization at this time and/or use existing organizations to fill gaps in the current system.		DHFS contracts with community-based organizations and universities.	Existing grants and new grants used to fund contracts.	<p>Many of the speakers at the forums were concerned about the timing of planning for an institute at the same time that there is a commitment to reduce the size of state government.</p> <p>There is also concern that it will weaken rather than strengthen the public health system in Wisconsin at a time when there are very serious health problems to address.</p>	<p>It should reassure concerned parties that the idea of an institute is not just a way to cut the size of state government.</p> <p>There is a risk that embarking on a major structural change in the state's delivery system for public health could interfere with progress in achieving the goals set in the state health plan.</p> <p>As a number of entities are now doing some aspects of what an institute could do, there is a danger of more fragmentation in the system.</p> <p>A new institute would not be competing with existing entities that could also do some or all of the work envisioned for an institute.</p> <p>Provides more time to do a thorough feasibility study of the unmet needs/gaps.</p> <p>Would not need to fund a new administrative structure.</p>	<p>We lose the opportunity to expand the resources to apply to the public health system and to the urgent health problems in our state.</p> <p>A stand-alone institute could give us a competitive edge despite all the groups that are now part of the delivery system.</p> <p>We lose the nimbleness that other states now have to attract federal and foundation grants to solve the state's public health problems.</p> <p>Wisconsin is unlikely to increase its share of federal funds. We now are about average in terms of the federal funds received from the Department of Health and Human Services.</p>	

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2. Incubator – WPHA model “Wisconsin Idea Public Health Incubator” (WIPHI).	Purpose is to grow new ideas that can lead to large awards and other opportunities for Wisconsin’s public health system by convening DPH, existing institutes and academic partners.	<p>A new not-for-profit organization or a new arm of an existing not-for-profit organization.</p> <p>WPHA has offered to lead this development effort over the next two years.</p>	<p>Foundations</p> <p>Blue Cross dollars could be explored as a primary base-funding source. A broader funding portfolio would be developed in the first three years of operation.</p>	The whole public health system and the population would benefit from a WIPHI, including the Department of Health and Family Services, which would be a major “customer” to which such an entity would respond. The WIPHI could encourage development of new ideas related to functions like those recommended by the first PHI committee – such as research, evaluation, partnership promotion, education regarding emerging health issues, promotion of social and economic conditions that support good health, analysis of health status data and development of a public health workforce that is diverse and excellent.	<p>This has the support of all members of the committee, the WPHA, WEHA and WALHDAB, the directors of both of the existing University-based Institutes and several other health officers.</p> <p>An incremental approach is easier to manage.</p> <p>WPHA’s offer of leadership means that there would be less emphasis on DHFS doing this just to downsize state government.</p>	It is a modest proposal in the short term, so that the impact would not be felt for two to four years – although the planning process could be accelerated if adequate funding is provided.	<p>WPHA is extremely interested in leading this development effort and believes that a model could be developed within a two-year period. A board made up of some of the best public health minds in Wisconsin would advise the WIPHI. One key reference for determining priorities would be Healthiest Wisconsin 2010 and subsequent comprehensive health planning documents.</p> <p>This model is a good fit with some of the other options, especially # 4, 5 and 6.</p>

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3. Public/Private Health Information Network.	<p>Purpose is to create a health information collaborative with four domains:</p> <ul style="list-style-type: none"> -Health care provider - Personal health - Population health (preventive medicine) -Research and clinical trials <p>Provide accurate, complete and publicly available health information to assess progress and outcomes in relation to the goals in the state health plan and to improve health care quality and safety statewide, improve efficiency and effectiveness of the health care system, and lower costs for health care.</p> <p>Expand opportunities for universities and the private sector for research and clinical trials.</p> <p>.</p>	<p>A new not-for-profit organization; a newly created public health authority; or as an arm of an existing organization such as the Collaborative for HealthCare Quality.</p> <p>Data collection and reporting cannot be the sole responsibility of either purchasers or providers but it can be done by a trusted neutral entity that can apply and enforce consistent standards.</p>	<p>Assess a fee to health care professionals.</p> <p>Assess a fee to participating health care providers.</p> <p>Health care payers.</p> <p>Pharmaceutical companies.</p> <p>Foundations.</p> <p>Eventually – health care savings in the Medicaid program.</p> <p>May be able to compete for Blue Cross funds in the future.</p>	<p>The state health plan, Healthiest Wisconsin 2010, identifies integrated electronic data and information systems as one of the five system priorities needed to build capacity in the public health service delivery system so that health status goals can be achieved.</p> <p>There is a very serious national problem with the safety and quality of health care that, unless addressed, is an enormous barrier to achieving the goals in our state health plan for safe and healthy people. In a significant number of cases, clinical care is duplicative, fails to improve health and even makes it worse.</p> <p>Health information technology is widely viewed as the most promising option to address this problem.</p> <p>(Continued on page 4)</p>	<p>All sectors will benefit from a system that has the appropriate information, supported by health information systems that are designed to produce care that is safe, effective, patient-centered, timely, efficient and equitable and thereby improve population health.</p> <p>Without accessible and centralized data there is no way to understand how medical services are priced and no way of comparing process or outcome performance.</p> <p>We have a fragmented and incomplete set of health information in Wisconsin including local data to track progress on the state health plan. This is a way to remedy this situation.</p> <p>Health care service data needs to be linked to population health data in the public health system to provide good decision support for clinicians and for policy makers.</p> <p>(Continued on page 4)</p>	<p>There are now several private efforts underway to publish information about cost and quality of health care services - this could be seen as competition with these initiatives.</p>	<p>This institute could also be charged with responsibility to evaluate the effectiveness, accessibility and quality of health services including developing new data sources to meet evaluation needs.</p> <p>There is considerable interest in this area based on the forums.</p> <p>Local data is especially important for measuring progress on health goals at the community level and there is clearly a gap in this area.</p>

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3. (Continued) Public /Private Health Information Network.				<p>In 2001 the Institute of Medicine (IOM) identified health information technology as a critical environmental force that can significantly improve health care quality. In 2003 the IOM, in <i>The Future of Public Health in the 21st Century</i>, found that “existing information networks make it difficult and sometimes impossible for governmental public health agencies to exchange information and communicate effectively with the health care delivery system for the purpose of surveillance, reporting and appropriately responding to threats to the public’s health.”</p> <p>The IOM, the National Committee on Vital & Health Statistics and the President’s Information Technology Advisory Committee are promoting adoption of electronic health records and the creation of regional health information organizations (RHIOs) as an effective strategy to improve population health.</p>	<p>Timing is good because there is so much interest in this area and federal support to conduct regional demonstrations.</p> <p>Strongest method to secure financial resources and technology necessary to create integrated public health information systems.</p> <p>There are now several private efforts underway to publish information about cost and quality of health care services – one of these entities could become the basis for this institute.</p> <p>Institute could be more nimble than government and therefore able to respond quickly as technology changes.</p> <p>Provides an excellent opportunity to link business groups and purchasers with the public health system.</p>		

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4. Fundraising/ grant writing collaborative.	Purpose is to coordinate efforts of the various schools and foundations in terms of grant seeking and grant writing with DPH to assure that Wisconsin gets the maximum amount of federal grant funds for population health.	Jointly managed by some combination of the Medical College of Wisconsin, the Marquette Dental School, the Marshfield Research Foundation, the UW Foundation, the UW Medical, Veterinary and Pharmacy Schools, major Wisconsin nursing schools, the VA and DHFS.	Jointly funded by the institutions that participate. May be able to compete for Blue Cross funds in the future.	Wisconsin is about average in terms of the federal funds received from the Department of Health and Human Services. Grant writing capacity in the public sector has diminished as government is downsized. A coordinated focus on grant writing by experts will result in an increase in federal funds for population health and help to coordinate the efforts of the various schools and foundations.	Increase federal revenue to Wisconsin. Improve coordination across the public health related institutions, so that research is focused squarely on the population health goals in the state health plan.	The implementation activities for the grants would have to be contracted out, which could cause some fragmentation.	This is the model recommended by Representatives Freese, Hines and Wasserman. This function could be combined easily with other models.

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5. Public Health Workforce Development	Evaluate and address the barriers to an adequate workforce.	Not-for-profit or an arm of an existing organization.	May be able to compete for Blue Cross funds in the future.	This is one of the five infrastructure priorities in the state health plan. It was cited frequently by people who participated in the forums as an appropriate function for an institute if one is developed. The Institute of Medicine - in the 2003 book <i>The Future of Public Health in the 21st Century</i> – notes that “the public health workforce must have appropriate education and training to perform its role. Today, a majority of governmental public health workers have little or no training in public health.”	<p>An institute could maintain an ongoing assessment of the current workforce in terms of the supply and demand.</p> <p>It could assess training needs and help to identify resources to meet these needs.</p> <p>Could support ongoing national efforts to credential the public health workforce and for strengthening the core competencies of current staff.</p> <p>Core competencies are needed for public health preparedness.</p>	<p>This is a more specialized mission than the other options and less likely to evolve over time.</p> <p>There is concern that this would duplicate existing efforts. We have the AHEC system in Wisconsin with a similar mission and new programs starting at UW to support workforce development and leadership development so this may not be necessary.</p> <p>The two medical schools have agreed to develop a Public Health Leadership Institute for Wisconsin that may fill some or all of these functions.</p>	<p>The committee felt that this was not as high a priority as other ideas at this time.</p> <p>To build upon existing resources, a consortium of public health researchers from participating academic institutions could be formed. There are models that already exist in community-based education research.</p>

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6. Prevention research and coordination organization.	<p>Expand the use of evidence-based, population-based approaches to community health improvement.</p> <p>Promote collaboration between employers and business groups on issues of population health.</p> <p>Expand opportunities for universities and the private sector for research and clinical trials.</p> <p>Develop and coordinate statewide public and private intervention strategies to assure maximum population impact.</p> <p>Serve as a convener and facilitator to bring stakeholders together.</p>	University based; a not-for-profit corporation, or a public health authority.	<p>Pharmaceutical companies.</p> <p>Foundations.</p> <p>Assess a fee to health care professionals.</p> <p>Private donations.</p> <p>Assess a fee to participating health care providers.</p> <p>Eventually – health care savings in the Medicaid program.</p> <p>May be able to tap into MA administrative funds for part of the work.</p> <p>May be able to compete for Blue Cross funds in the future.</p>	<p>There is a pressing need for research to establish evidence-based practices that improve population health and to disseminate what is known about evidence-based practices in an organized and effective way.</p> <p>Disease management strategies that are evidence-based can be targeted to priorities in the state health plan, and implemented on a statewide basis.</p> <p>For example, the organization could sponsor statewide research and interventions on access-to-care issues.</p> <p>For example, limited health literacy is associated with more severe disease and more costly care. The estimated costs of low health literacy range from \$29B to \$73B annually in the US.</p> <p>Wisconsin is 1.8% of the US population so the impact on Wisconsin is \$52M to \$131M annually.</p>	<p>This would fill a huge gap in the current public health delivery system.</p> <p>Provides an excellent opportunity to link up business groups and purchasers with the public health system.</p> <p>Could tap into Medicaid federal match to help promote and coordinate the use of disease management strategies.</p> <p>The state government cannot do this alone.</p> <p>Supports efforts to take a life-span approach to prevention.</p> <p>Long-term care is one area that would benefit. Properly implemented, population-based prevention strategies can reduce demand and improve quality of life. This has the potential to generate significant cost avoidance for both government and private payers as the older population increases over the next 20 – 30 years.</p>	<p>To the extent there is already organized activity to address this problem there may be some redundancy by creating a new entity for this purpose.</p> <p>In the health literacy area, UWM has a focus on this area, and the report from the 2003 Wisconsin Economic Summit called on the UW System to spearhead a statewide health literacy campaign, using the resources of University Extension.</p>	